

Hormonal Balancing Act

For those women who believe and care!

Hormones are a truly wonderful chemical necessary in our body and when in balance are “wonderful”. When out of balance we can experience many awful syndromes, or symptoms. At the end of this article we outline a Natural Healing Program for Hormonal Balancing.

Here are a few of the symptoms that you might experience; low energy levels, mood swings, cramping, irregular and/or missing periods, bloating, inability to get pregnant or maintain pregnancy, and more and more progressive as you see below...

- Allergy symptoms
- Depression, fatigue and anxiety
- Endometriosis
- Fibrocystic breasts
- Hair loss and facial hair growth
- Headaches, dizziness and foggy thinking
- Low sex drive
- Osteoporosis
- PMS
- Urinary tract infections and incontinence
- Uterine fibroids
- Weight gain, water retention and bloating
 - Wrinkly skin
 - Vaginal atrophy and painful coitus along with dryness

Generally with most women, according to Dr. John Lee who has spent much time researching hormone balance for women and men, says most women lose the ability to produce enough progesterone to keep the balance with estrogens. . The amounts of these hormones that the woman's body produces from month to month can vary, depending on factors such as stress, nutrition, exercise and most importantly -- ovulation or the lack of ovulation. If not enough progesterone, then estrogen is dominant and therefore destructive in a sense. This imbalance is responsible in a large part for breast and some other types of cancer. This scenario can be present at a very young age anymore.

In the first 10-12 days of the menstrual cycle, only estrogen is produced in the female body. If ovulation occurs, then progesterone is produced by the ovaries. On day 28 or so, levels of both hormones drop, resulting in

menstruation. However, if ovulation did not occur, you can still have the menstrual period, but the estrogen is never "balanced" by progesterone, which needed ovulation to trigger its production. And this results in symptoms of hormone imbalance appearing -- you have estrogen but progesterone production drops to very low levels.

In the industrialized countries, women take birth control pills, are exposed to household chemicals at home, car exhaust and other environmental xenoestrogens. In addition, women often have stressful lives, eat processed foods or skip meals, take synthetic estrogen HRT (hormone replacement therapy) and have hysterectomies. All these factors can add more estrogen to the female body, resulting in excess estrogen which will cause hormone imbalance symptoms.

Estrogen, also slowly over time decreases in its production in our bodies as well and by the time we are mid 40s sometimes even mid 30s, but especially peri-menopausal we have decreased by around 30 percent plus or minus 10-20 percent. Progesterone on the other hand decreases faster and by the time there are noticeable changes, it has decreased by 10-20 percent lower than estrogen and now estrogen is dominant. By the time that a woman is in her 40-50s it often has decreased by 50 percent, whereas estrogen has decreased by around only 30 percent. While this does not seem large it is quite significant, especially if the imbalance between estrogen and progesterone is keeping you from getting pregnant or maintaining a pregnancy. Progesterone Replacement Therapy is an essential supplement which restores osteoblast functions, especially in conjunction with Estriols or your normal estrogen supply.

One of the worst symptoms of lowered estrogen production is when having sex is painfully dry for a woman. Her skin and hair can be brittle and dry. Another potentially bad symptom and also associated with menopause is that of the decrease of bone density. Hormonal changes after menopause accelerate bone loss in women so that by the age of 60, one in four women have osteoporosis severe enough to cause Dowager's Hump, bone pain, loss of height, spinal deformity, and an estimated 5 million spontaneous fractures in older Americans each year. There are many more symptoms which I recommend that you look up on the internet, if you think that you have this trouble. Just please do not replace with a pharmaceutical estrogen as most of those are not what your body needs and can also cause cancer according to research. Use the natural Estriols, as they are the precursors offered your body to make estrogen out of and according to its need at the time. These do NOT cause cancer according to Dr. John Lee. But these do restore moisture to the mucous membrane lining and take away the soreness from the dryness thereby restoring the joy of sex in a marriage.

Here are a few excerpts from the pamphlet of Restored Balance, the company that used to be in business, and where I have found to be a great price and the correct product ingredients according to the research that Dr.

John Lee has produced. He used this company regularly. Now we purchase from Whole Family Products with the same quality and ingredients.

NATURAL PROGESTERONE: Uses and potential benefits

Note: Natural progesterone is NOT the same as synthetic forms called “progestins,” a chemically altered progesterone. Natural Progesterone is a remarkable formula derived from plants, not chemicals or drugs. It is derived from the Mexican Wild Yam Root. These sterols are processed through several fermentation steps to yield progesterone which is identical to the progesterone which is produced by the human body. It is preserved with Rosemary extract, a natural herbal preservative.

Directions: Each woman is unique so amount and timing may be adjusted. “Although medical professionals can give you guidelines to work within, it's up to you to find the best dose for your body, you should be able to find the minimum amount you can use to gain and sustain the relief from your symptoms. Because the safety of natural progesterone is so great, it's harmless to use a little more than you strictly need, that gives you plenty of room for experimentation.” John Lee MD in the book What Your Doctor May Not Tell You About Pre-menopause page 325

PMS A woman's hormone levels change daily during her menstrual cycle. In the first half of her cycle, prior to ovulation, estrogen dominates while progesterone is low. After ovulation, however, estrogen levels drop and progesterone rises. If no pregnancy ensues, levels of both hormones drop, and menses begin.

(Premenstrual Menopausal Solutions-PMS, a progesterone product) So when you begin to use this progesterone supplement, counting day 1 as the first day of your period, begin using the PMS cream on day 12. Use 1/8 of a teaspoon twice daily, am and pm, through day 26. Discontinue use on day 27. This is based on a 28 day menstrual cycle, counting day 1 of your period until day 1 of your next period.

Example: If you are normally on a 32 day cycle, begin using the PMS cream on day 14. Use 1/8 teaspoon am and pm through day 30. Discontinue use on day 31.

Example: If you are normally on a 24 day cycle, begin using the PMS cream on day 10. Use 1/8 teaspoon am and pm through day 22. Discontinue use on day 23.

Method #2 Count backwards 14 days from the day you are due to start your period and begin using the PMS. Apply 1/8 tsp am and pm until day before you are due to start your next period.

PERI-MENOPAUSE

For women noticing irregularity in their menstrual cycle, along with the onset of menopausal symptoms, counting day 1 as the first day of your period, begin using the PMS cream on day 8. Apply 1/8 tsp am and pm through day 26. Discontinue use on day 27.

During peri-menopause, your cycle can and will probably become irregular during this time. If your period starts a few days early or late, remember to discontinue use of the cream and start counting day 1. If you discontinue on day 27, and your period does not start, use the previous month's day 1 as your starting point.

NOTE: "For a peri-menopausal woman, balancing hormones may seem more like a juggling act than a balancing act, because hormones are constantly fluctuating, but every small increment of positive change can make a major difference in your health. Finding the dose and timing of natural progesterone that right for your body is important to hormone balance". John Lee MD in the book What Your Doctor May Not Tell You About Breast Cancer page 196

MENOPAUSE/POST MENOPAUSE

(No longer having periods)

Menopause is a biological event, signaling the termination of fertility, or ovulation. Severe symptoms may be due to hormonal shifts, ovarian decline, and diminished estrogen levels. Common symptoms of menopause are hot flashes, insomnia, fatigue, irritability, anxiety, weight gain, sexual changes, depression, mood swings and others.

For Progesterone Replacement Therapy for Menopause:

Using calendar days, 1st day of the month through 7th day of the month, do not use. Begin using the PMS cream on the 8th day, 1/8 tsp am and pm through the end of the month. REMEMBER that the off days are important. Always take a minimum of 4 and a maximum of 7 days off each month.

METHOD #2 Use 1/8 teaspoon am and pm 3 weeks on and 1 week off. You may determine the days.

ESTRIOLS

Here are some of the excerpts from information that Dr. John Lee has given us.

Why should I use Estriol?

- ☐ It helps prevent breast cancer.
- ☐ It is a replacement for estrogen in breast cancer survivors
- ☐ It helps prevent vaginal atrophy and urinary tract infections
- ☐ It relieves hot flashes and night sweats without stimulation uterine growth
- ☐ It does not cause blood clots as other estrogens do?
- ☐ It protects skin from aging

The best SERM Nature Has to Offer: 'Estriol' has a place beside natural progesterone in hormone replacement therapy for women who have breast cancer but need some estrogen. 'Estriol' fits the bill as a very useful "designer estrogen," or SERM, since it prevents or reduces bone loss,

alleviates menopausal symptoms, improves skin texture, prevents vaginal atrophy and urinary tract infections, improves blood lipids, and helps prevent cancers of the breast and uterus.

Researchers spent nearly 40 years trying to construct better progesterone for hormone replacement therapy, to no avail. No synthetic progestins have ever been shown to have all the benefits of progesterone—and all come with a host of unpleasant side effects. Unfortunately, the pharmaceutical industry that brought you synthetic progestins is now introducing all kinds of SERMs to the clinical marketplace and your doctor. We hope that the computer age's more effective dissemination of information will prevent us from making the same mistake in trying to make a better SERM than 'Estril'.

Estril has other features that distinguish it from other estrogens. Unlike estrone and estradiol, which rise and fall significantly during the menstrual cycle, 'estril' levels stay fairly steady throughout, with just a slight rise around the middle of the cycle.

Estril Prevents Vaginal Atrophy and Urinary Tract Infections:

A common problem at menopause is degeneration of the vaginal lining, which can make intercourse painful and render the vagina more susceptible to invasion by bacteria, causing urinary tract infections. This is thought to be related to the rise in vaginal pH resulting from the loss of ovarian estrogen production and colonization of the vagina by unhealthy bacteria. Several studies show that a vaginal 'estril' cream can prevent such urinary tract infections in postmenopausal women.

Estril Doesn't Cause Blood Clots! But Other Estrogens Do:

A very serious problem with using estradiol or estrone in a minority of women (1 in 5,000) is that it increases the risk of death due to deep vein thromboembolism, which means the formation of life-threatening blood clots in the veins. 'Estril', on the other hand, has very little effect on the blood-clotting factors. Doses, as high as 8 mg per day, have not been found to increase the risk of blood clotting. Dr. Lemon also noted that 'estril' did not cause any problems related to the thromboembolism in his clinical study exploring the use of 'estril' for treatment of menopausal symptoms in breast cancer patients. This was also the consensus of the review committee that met in the 1980s to review the clinical efficacy of 'estril'.

Estril for the Prevention of Breast Cancer:

In his animal studies Dr. Lemon demonstrated that 'estril' matures the breast cells, shielding them from damage by radiation, chemical carcinogens, and estrogens such as estradiol and estrone. This is precisely what 'estril' does to the breast ductal cells during pregnancy in humans:

Its one of the factors that cause them to come to a state less susceptible to development of cancer later in life.

Estriol Protects Against Breast and Uterine Cancers:

In fact, Dr. Lemon stated in a 1966 article published in the Journal of the American Medical Association that “Estriol offers a nontoxic, physiologic antagonist for ovarian estrogens, inducing little or no endometrial proliferation in post menopausal women, which together in progesterone might simulate the protective effect of pregnancy upon subsequent breast cancer risk.” In other words, ‘estriol’ could be used as a form of ERT to protect the uterus and breast from cancer.

Estriol Helps to Protect Your Bones:

Let’s now look at a few of the clinical studies published on ‘estriol’ for treatment of menopausal symptoms and bone loss. As we mentioned, earlier studies seemed to indicate that ‘estriol’ was inferior to estradiol and other forms of estrogens (conjugated estrogen such as Premarin) in preventing bone loss.

However, in mid-1996 three Japanese studies, one Taiwanese study, and one Italian study took a second look at the clinical effectiveness of ‘estriol’ in preventing bone loss in postmenopausal women. All three Japanese studies reported essentially the same results, namely that 2 mg per day of oral ‘estriol’ increased bone mass about 1-5 percent over a one-year period. This effect of ‘estriol’ on bone is nearly equivalent to that reported historically for estradiol or estrone (as in Premarin). The Italian study reported that 0.5 mg per day of vaginal estriol was somewhat effective in preventing bone loss; the Taiwanese study found that ‘estriol’ succinate was ineffective in preventing bone loss over a two year study period.

Thus, ‘estriol’ shows promise in preventing bone loss. One problem with it is bioavailability. When it’s delivered through the skin, however, such as vaginally or topically, blood levels of ‘estriol’ rise much higher than if it’s taken orally (in a pill), and it may be this type of delivery system that will prove most effective for preventing bone loss. Clearly more research is needed to determine whether ‘estriol’ in combination with natural progesterone, natural testosterone (if needed), resistance exercise, proper diet, and mineral and vitamin supplements is effective in preventing bone loss and subsequent fractures.

Resource Information:

Dr. John Lee’s **What Your Doctor May Not Tell You About Breast Cancer**

www.johnleemd.com

How to Take Estriol:

According to Dr. Lemon, when the women in his studies took as much as 5 to 15 mg of oral ‘estriol’ (a pill) daily, there was no increased

proliferation of breast cells in the breast or uterus. The typical oral dose used in Western Europe is 2 to 5 mg daily, but because most of it is “dumped” by the liver immediately, this may only ultimately amount to 0.5 to 1 mg of ‘estriol’ actually getting into the body.

Many clinicians use an ‘estriol’ cream that delivers 2 to 5 mg. When made as a cream, the pharmacist should indicate on the container how much cream it takes to provide the 2 to 5 mg of ‘estriol’. When you deliver ‘estriol’ to your body via a cream, it’s delivered in a much steadier fashion than if taken orally, when it’s subject to all the variables of how the digestive system and liver are working from hour to hour.

An ‘estriol’ cream that delivers 0.5 mg, used every other day, has been shown very effective for treating vaginal atrophy and urinary tract infections. Published studies show that 0.5 mg ‘estriol’ delivered every other day for two weeks is adequate for most women, and this is how ‘estriol’ is used by most women in Western Europe. The reason ‘estriol’ is used only every other day could result in excessively high levels. Although ‘estriol’ does not absorb through the skin as rapidly as estradiol or estrone, studies have shown that topical delivery of ‘estriol’ is about 20 times more efficient than oral delivery.

Suggested Use: Use ¼ teaspoon once per day for two weeks,
Then reduce amount to 1/8 teaspoon every other night.
For best results use vaginally

Natural Healing Program for Hormonal Balancing

Toning, healing, balancing, beneficial for all ages and all Men and Women

- Male/Female Balance Formula: Taken twice per day AM and PM in hot water
- Saliva testing-can be done from this site:
- Estriol for women or men if low in estrogen, Estriol from Whole Family Products is the one that Dr. Lee uses
- Either Male or Female Progesterone Cream according to instructions on bottle
- A daily exercise program where pulse rate is therapeutic and worked up to ideal rate for age--outside in the fresh air. This is as important as your next breath
- Proper Rest; gaining the 2-3 hours of sleep before midnight, 7-8 hours total/night of sleep
- Contrast Hydrotherapy Program Daily. See Hydrotherapy PP at lifetreewellness.com

- Understanding and Applying a Food Program that takes in Dense Nutrition, 50-80 % raw, fresh, uncooked foods; Plant Based Diet; No processed or refined foods, No heated oils or fats, no Canola, vegetable, corn or soy oil, No regular or grocery store salt. Use Pink Himalayan or Celtic Salt and do Not cook with salt, add it to food after heat is less; No GMO foods (see Future of Food lifetreewellness.com); No chemical substances i.e. Caffeine drinks, foods or herbs, alcohol, drugs of any kind, foods sprayed with chemicals, pesticides, etc, No store bought drinks, especially the juiceless ones of all kinds, but including fruit and vegetable juices commercially done.